

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO 10614329
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7		4				
8		4				
9		4				
10		0				
11		0				
12		0				
13		0				
14		0				
15		4				
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21		4				
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TOTAL IND.	3					
TOTAL DEP.	57					
TOTAL CLAIMS	60					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						